#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Foundation for Government Address change Accountability, Inc. Name change Doing business as 45-2637507 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 15275 Collier Blvd. Suite 201-279 244-8808 (239)City or town, state or province, country, and ZIP or foreign postal code 6,675,803. G Gross receipts \$ Amended Naples, FL 34119 H(a) Is this a group return Applica-tion F Name and address of principal officer: Tarren Bragdon for subordinates? ..... Yes X No pending same as C above H(b) Are all subordinates included? \_\_Yes \_\_ Tax-exempt status: X 501(c)(3) ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ https://www.thefga.org/ H(c) Group exemption number ▶ K Form of organization: Corporation Trust X Association Other > L Year of formation: 2011 M State of legal domicile: FL Part I Summary 1 Briefly describe the organization's mission or most significant activities: To formulate and promote public Governance policies based on the principles of transparency, the free market, if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 5 Activities & Total number of individuals employed in calendar year 2017 (Part V, line 2a) 24 Total number of volunteers (estimate if necessary) 0 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** 4,516,590. Contributions and grants (Part VIII, line 1h) 6,657,819. Revenue Program service revenue (Part VIII, line 2g) 965. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3.730. 17,984. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,521,285. 6,675,803. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 71,500. 191,000. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,942,522. 2,410,777. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,019,436. 3,305,804. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,033,458. 5,907,581. 487,827. Revenue less expenses. Subtract line 18 from line 12 768,222. **Beginning of Current Year** End of Year 1,496,450. 2,292,488. 20 Total assets (Part X, line 16) 162,674. 190,490. Total liabilities (Part X, line 26) n de 22 Net assets or fund balances. Subtract line 21 from line 20 333,776. 2,101,998. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Tarren Bragdon, Chief Executive Officer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Nicole M. Prince, CPA 09/24/18 P01315245 ▶ Rogers & Company PLLC Preparer Firm's name 58-2676261 Firm's address 8300 Boone Boulevard, Suite 600 Use Only Vienna, VA 22182 Phone no. (703) 893-0300

May the IRS discuss this return with the preparer shown above? (see instructions)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The foundation's mission is to formulate and promote public policies
	based on the principles of transparency, the free market, individual
	freedom, and limited constitutional government.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	, , , , , , , , , , , , , , , , , , , ,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 903,831 • including grants of \$) (Revenue \$)
<del>-</del> a	Freedom to Work: Local and state governments have created barriers to
	work that limit opportunity and make it harder for people to climb the
	economic ladder, disproportionately harming low-income families who are
	trying to earn a living. FGA's proven reforms help to break down these
	barriers by promoting work and lessening the burdens from
	opportunity-killing regulations like occupational licensing, unleashing
	the freedom to work.
415	(Code: ) (Expenses \$ 2,679,791. including grants of \$ 160,000.) (Revenue \$ )
4b	(Code:) (Expenses \$2,679,791. including grants of \$160,000.) (Revenue \$)  Welfare Reform: FGA promotes proven reforms that have successfully
	moved individuals from dependency to full-time work and allowed them to
	quickly escape poverty, and helped states reduce fraud in welfare
	programs to protect resources for the truly needy.
4c	(Code: ) (Expenses \$ 769,610 • including grants of \$ 10,000 • ) (Revenue \$
	Healthcare Reform - FGA educates lawmakers about proven options to
	restore a free market in the health care system, ideas that expand
	access, reduce costs, take care of high-risk individuals, and empower
	consumers with the knowledge and incentives necessary to shop for
	high-value healthcare providers.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,198,918 • including grants of \$ 21,000 •) (Revenue \$ )
4e	Total program service expenses ► 5,552,150.
	Form <b>990</b> (2017)

# Form 990 (2017) Accountabili Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
ıza	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>-</del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7,7
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х

# Form 990 (2017) Accountability, In Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1_	7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) Accountability, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	<u></u>	<u></u>	Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.4			
	filed for the calendar year ending with or within the year covered by this return	2a	24		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37
	-			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt) ?	4a		
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ 000UID	+o (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<del></del> -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		_			37
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	3 , 3 , 11 , 1			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file File organization received a contribution of organization and the organization received a contribution of qualified intellectual property, did the organization file File organization received a contribution of qualified intellectual property, did the organization file File organization received a contribution of qualified intellectual property, did the organization file File organization received a contribution of qualified intellectual property, did the organization file File organization fi			7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			/11		
•	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
	5111			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	}	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
Ŋ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the executestics reading any property for independent property of wine the tay year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2017)

Form 990 (2017) Accountability, Inc. 45-2637507 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	and the description of the management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-05		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 21. One of the coolen 2 requests minimation about policies not required by the internal resonate code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17 18	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availak	ماد	
18		avalidi	и <del>С</del>	
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request Other (explain in Schedule O)			
10		d fire = :-	اماما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:   Ceterus, Inc. – (269) 544–0322			
	804 Meeting Street, Suite 101, Charleston, SC 29403			

# Form 990 (2017) Accountability, Inc. 45-2 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average Position	1 5		(F)
	Reportable	Reportable	Estimated
hours per box, unless person is both an	compensation	compensation	amount of
week	from the	from related organizations	other compensation
hours for	organization	(W-2/1099-MISC)	from the
related   $\frac{5}{22}$   $\frac{5}{22}$   $\frac{1}{22}$	(W-2/1099-MISC)	,	organization
organizations $\begin{bmatrix} \frac{1}{2} & \frac{1}{2} &$			and related
(list any hours for related organizations below line)  Wey employee Highest compensated employee Pormer			organizations
(1) Robert Levy 3.00			
Director X	0.	0.	0.
(2) Andrea Forrest Brock 3.00		2 -	
Director	0.	0.	0.
(3) Bridgett Wagner 3.00			
Director	0.	0.	0.
(4) Robert Harden 3.00			
Director	0.	0.	0.
(5) Betty Neighbors 3.00			
Director	0.	0.	0.
(6) Tarren Bragdon 38.00			
CEO X X	205,380.	0.	6,913.
(7) Jonathan Bechtle 36.00	4.50.050		
COO & General Counsel X	169,863.	0.	5,788.
(8) Chad Goote 40.00	012 050	•	6 505
VP of Advancement X	213,852.	0.	6,537.
(9) Joshua Archambault 40.00	151 601	0	4 077
Senior Fellow X	151,621.	0.	4,877.
(10) Christie Herrera 40.00	154 000	0	E 220
VP of State Affairs & Poli  (11) Jonathan Ingram  40.00	154,889.	0.	5,220.
<del></del>	164,891.	0.	5,412.
VP of Research (12) Mary Katherine Stout  40.00	104,091.	0.	J,412.
Senior Fellow X	143,795.	0.	5,779.
Benior retrow	143,733.	0.	3,113.
			_

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Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both a officer and a director/trustee				h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	on	(F) Estimate amount o		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	าร	compensation from the organization and related organizations		e ion ed
											$\neg$			
								$\dashv$						
											+			
											$\dashv$			
											$\dashv$			
	Sub-total								1,204,291.		0.	4	0,5	26.
	Total from continuation sheets to Part VI								0.		0.		-,-	0.
	Total (add lines 1b and 1c)								1,204,291.		0.	4	0,5	
2	Total number of individuals (including but n									,000 of reportab	 ole			
	compensation from the organization									•				10
											_		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	•			•	•	•					3		Х
4	For any individual listed on line 1a, is the su													_
	and related organizations greater than \$150	-		-					•			4	Х	
5	Did any person listed on line 1a receive or a									dual for services	, [			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				<u></u>	5		X
	tion B. Independent Contractors									•				
1	Complete this table for your five highest co the organization. Report compensation for	=	-								npensa	ation 1	rom	
	(A) Name and business								(B) Description of s		Co	(C ompe	C) nsatio	n
	0.0.D. Services I, LLC	Chicag	<u> </u>	тт	·	501	۲1 ر د 1 ر		Welfare and			21	5 8	33

the organization: rieport compensation for the calcindar year ending with or with	in the organization 3 tax year.	
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
F.O.O.D. Services I, LLC	Welfare and work	Compensation
5023 S. Michigan Avenue, Chicago, IL 60615	reform	245,833.
Rockwood Solutions, 15 Constitution Dr,	D	107 750
	Research support Event management and	107,750.
	logistics	100,255.
• <del></del>		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

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Form **990** (2017)

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our	b	Membership dues	1b					
s, ( Am		Fundraising events						
Gift lar,		Related organizations						
imi	е	Government grants (contribut	tions) <b>1e</b>					
tior S	f	All other contributions, gifts, gran						
ibu		similar amounts not included abo	ve 1f 6,	657,819.				
d O	g	Noncash contributions included in lines	: 1a-1f: \$					
Contributions, Gifts, Grants   and Other Similar Amounts	h	Total. Add lines 1a-1f		<u> </u>	6,657,819.			
				Business Code				
ice	2 a	ı						
ervi Je	b							
n S	c	·						
Jev Rev	d	·						
Program Service Revenue	е							
ъ.		All other program service reve						
		Total. Add lines 2a-2f						
	3				17,984.			17,984.
	4	other similar amounts)			17,504.			17,504.
	4							
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	(I) Heal	(II) Fersonal	-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
		Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	(i) CCCCITICO	(ii) Oti ioi	-			
	h	Less: cost or other basis						
	~	and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>				
<u>e</u>		Gross income from fundraisin						
		including \$	of					
Other Reven		contributions reported on line	1c). See					
ت R		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac	-					
		Part IV, line 19	а					
	b	Less: direct expenses						
	c	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
		Miscellaneous Revenu	ie	Business Code				
	11 a	1						
	b							
	c				1			
		All other revenue						
		Total. Add lines 11a-11d			C C75 000			17 004
	12	Total revenue See instructions		<b></b>	6,675,803.	0.	0.	17.984.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 191,000. 191,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 387,944. 361,535. 14,914. 11,495. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,810,659. 1,688,811. 68,305. 53,543. Other salaries and wages 7 Pension plan accruals and contributions (include 44,177 2,638. 40,153. 1,386. section 401(k) and 403(b) employer contributions) 19,077. 19,077. 9 Other employee benefits 148,920. 5,963. 139,384. 3,573. Payroll taxes 10 Fees for services (non-employees): 11 a Management 225. 225. Legal 26,553. 26,553. Accounting 61,320. 61,320. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 744,658. 715,679. 22,884. 6,095. column (A) amount, list line 11g expenses on Sch O.) 1,225,797. 1,225,797. Advertising and promotion 12 111,388. 78,588. 32,592. 208. 13 Office expenses 90,874. 86,148. 4,726. Information technology 14 Royalties 15 4,375. 47,870. 43,495. 16 Occupancy 494,620. 481,578. 3,961. 9,081. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 370,172.370,172. Conferences, conventions, and meetings 19 476. 476. Interest 20 Payments to affiliates ..... 21 5,669. 5,669. Depreciation, depletion, and amortization ..... 22 10,441. 10,441. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 115,336. 107,040. 8,296. Subscriptions License and permits 405. 345. 60. С d All other expenses 5,907,581. 5,552,150. 270,050. 85,381. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

Part X | Balance Sheet

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			353,060.	1	316,358.
	2	Savings and temporary cash investments			1,015,491.	2	1,883,475.
	3	Pledges and grants receivable, net			37,500.	3	0.
	4	Accounts receivable, net		0.	4	23,469.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			25,354.	9	23,633.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	38,419.			
	b	Less: accumulated depreciation		17,650.	16,899.	10c	20,769.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	48,146.	15	24,784.		
	16	Total assets. Add lines 1 through 15 (must equ			1,496,450.	16	2,292,488.
	17	Accounts payable and accrued expenses			150,174.	17	190,490.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D			12,500.	25	0.
	26	Total liabilities. Add lines 17 through 25			162,674.	26	190,490.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			1,258,776.	27	2,026,998.
Fund Balances	28	Temporarily restricted net assets			75,000.	28	75,000.
Ы	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶Ш			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in			4 444 ===	32	
Z	33	Total net assets or fund balances			1,333,776.	33	2,101,998.
	34	Total liabilities and net assets/fund balances			1,496,450.	34	2,292,488.

orm	1990 (2017)	45-263	37507	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,67		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,90		
3	Revenue less expenses. Subtract line 2 from line 1	3			22.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,33	3,7	<u>76.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,10	1,9	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-1332	-	3a		Х

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Foundation for Government Employer identification number Name of the organization Accountability, Inc. 45-2637507 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	1,970,689.	4,043,477.	3,573,449.	4,516,590.	6,657,819.	20,762,024.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,970,689.	4,043,477.	3,573,449.	4,516,590.	6,657,819.	20,762,024.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,761,390.
6	Public support. Subtract line 5 from line 4.						11,000,634.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,970,689.	4,043,477.	3,573,449.	4,516,590.	6,657,819.	20,762,024.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		214.	295.	3,730.	17,984.	22,223.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						20,784,247.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	383,287.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2017 (	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	52.93 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	51.20 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				►\X
b	33 1/3% support test - 2016. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop he</b>	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and <b>s</b>	stop here. Explain	in Part VI how the	;
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶ 🔲
					Sche	dule A (Form 990	or 990-F7) 2017

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(e) 2017	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
C	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
							<u></u> ▶□
	ction C. Computation of Publi						
15	Public support percentage for 2017 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>17</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	<b>&gt;</b>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	
1		Yes	No
	1		
	2		
	3a		
	- Ou		
	3b		
	3с		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	7		
	8		
	9a		
	9b		
	ЭIJ		
	9с		
	10a		
	10b		
		V	L
m 9	90 or 99	⁄U-EZ)	201/

Pai	t IV	Supporting Organizations (continued)			<u> </u>
		o (ontinuos)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
		,		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	-		
<u> </u>		pported organization(s).	1		
Sec	uon L	D. All Type III Supporting Organizations		V	NI -
4	Did +b	a expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		Yes	No
1		le organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. <b>Answer (a) and (b) below.</b>		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
h		hese activities constituted substantially all of its activities.	2a		
D		e activities described in (a) constitute activities that, but for the organization's involvement, one or more organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>	_~		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 **b** From 2013 **c** From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e **g** Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

### **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	) (see separate instructions), then	tion of Ocean late Deat III			
	Section 501(c)(4), (5), or (6) organizane of organization Foundat	tions: Complete Part III. ion for Governme	n t	Emn	loyer identification number
· •a		ability, Inc.	.10		45-2637507
Pa	art I-A   Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	
		,ap.			<b></b>
1	Provide a description of the organization	zation's direct and indirect politica	al campaign activities in	n Part IV.	
	Political campaign activity expendit	•	. •		\$
	Volunteer hours for political campa				
		ganization is exempt und		•	
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?  If "Yes," describe in Part IV.				tes INO
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c),	except section 501	(c)(3).
	Enter the amount directly expended	•		<u> </u>	• • • • • • • • • • • • • • • • • • • •
	Enter the amount of the filing organ				
	exempt function activities		· ·	▶ 5	\$
3	Total exempt function expenditures				
	line 17b			<b></b> ▶	\$
4	Did the filing organization file Form				
5	Enter the names, addresses and er	nployer identification number (EII	N) of all section 527 po	litical organizations to whi	ch the filing organization
	made payments. For each organiza	tion listed, enter the amount paid	I from the filing organiz	ation's funds. Also enter t	he amount of political
	contributions received that were pr			·	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part	V.	-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly
				lulius. Il fiorie, effici -0	delivered to a separate
					political organization.
					If none, enter -0
			1		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Accountability, Inc

Part II-A Complete if the org section 501(h)).	janization is exer	npt under sectio	n 501(c)(3) and fil		ection under
expenses, and sha	tion belongs to an affil re of excess lobbying e tion checked box A an	expenditures).		group member's nam	e, address, EIN,
Limi	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl b Total lobbying expenditures to infl c Total lobbying expenditures (add I d Other exempt purpose expenditure e Total exempt purpose expenditure f Lobbying nontaxable amount. Ent If the amount on line 1e, column (a) of Not over \$500,000 Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17 Over \$17,000,000	uence a legislative bod ines 1a and 1b) es es (add lines 1c and 1d er the amount from the or (b) is:  The lobt 20% of t 0,000 \$100,000 \$175,00	y (direct lobbying)  following table in bot bying nontaxable amothe amount on line 1e plus 15% of the exception of the except	h columns.  ount is:  eess over \$500,000.  ess over \$1,000,000.	91,320. 91,320. 5,846,261. 5,937,581. 446,879.	
<ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zer</li> <li>i Subtract line 1f from line 1c. If zer</li> <li>j If there is an amount other than zer</li> <li>reporting section 4911 tax for this</li> </ul>	o or less, enter -0 o or less, enter -0 ero on either line 1h or l	ine 1i, did the organiz		111,720. 0. 0.	☐ Yes ☐ No
(Some organizations t	4-Year Ave hat made a section 50	raging Period Under	section 501(h) have to complete all		elow.
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total
2a Lobbying nontaxable amount	341,621.	336,839.	351,673.	446,879.	1,477,012

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	(e) Total					
2a Lobbying nontaxable amount	341,621.	336,839.	351,673.	446,879.	1,477,012.					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,215,518.					
c Total lobbying expenditures	135,341.	79,664.	54,623.	91,320.	360,948.					
<b>d</b> Grassroots nontaxable amount	85,405.	84,210.	87,918.	111,720.	369,253.					
e Grassroots ceiling amount (150% of line 2d, column (e))					553,880.					
f Grassroots lobbying expenditures	56,393.		4,617.		61,010.					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Accountability, Inc. 45-263750 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)	(F)	- 1.	
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			L	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(6)				0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OI	(b) Pai	τ III-A, III	1e 3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).		22		
	Current year				
	Carryover from last year Total		l _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		⊢		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	rt IV Supplemental Information		·	•	
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Foundation for Government

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Accountability, Inc.

**Employer identification number** 45-2637507

Pai			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ,	. ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	·	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
Dai	conservation easements. rt III   Organizations Maintaining Collections o	f Art Historical Treasures or (	Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Julei Sillillai Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		amont and balance shoot works of art
ıa			
	historical treasures, or other similar assets held for public ext the text of the footnote to its financial statements that descri		ance of public service, provide, in Part XIII,
h			at and balance about works of art. historical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	, , , , , , , , , , , , , , , , , , , ,	agurag or other similar appets for finance	
2	If the organization received or held works of art, historical tre		iai gaili, provide
_	the following amounts required to be reported under SFAS 1		<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
Ø	ASSELS INCIDUCED IN FORM SAU, FAIL A		₽ Φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III	Organizations	<b>Maintaining Collec</b>	tions o	of Art, Histo	ric
	(Form 990) 2017	Accountabil			
		Foundation	for	Governme	er

rai	π III   Organizations Maintaining C	ollections of Ar	τ, HIST	orical Ir	easures, c	or Other	r Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	it are a sig	ınificant ι	use of its	collectio	n item	าร
	(check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	ams					
b	Scholarly research	е		Other	3 1 3						
c	Preservation for future generations	-									
4	Provide a description of the organization's co	allections and explain	n how the	ov further t	he organizati	on's evem	nt nurno	se in Par	· XIII		
5	During the year, did the organization solicit or							osc iiii aii	. //		
3	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang									<u> </u>	_ INO
· ui	reported an amount on Form 990, Par		ie ii tile (	organizatio	ii alisweleu	165 0111	01111 990	, raitiv,	iii le 9, 0i		
10	Is the organization an agent, trustee, custodi		lian, for a	ontribution	o or other ac	ecte not i	aaludad				
ıa									Yes		٦,,,
	on Form 990, Part X?								_ res		<b>∐</b> No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	able:					A		
	<b>5</b>						+		Amoun	τ	
	Beginning balance										
	Additions during the year										
е	J ,										
f	Ending balance								1		
	Did the organization include an amount on Fo						y?	L	Yes	F	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete if	the organization an			i -						
	-	(a) Current year	<b>(b)</b> Pri	ior year	(c) Two year	rs back (	<b>d)</b> Three y	ears back	<b>(e)</b> Four	r years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	, [										,
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	·	%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	<del></del> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	· ·	ation that	are held a	nd administe	red for the	e organiz	ation			
	by:						9			Yes	No
	(i) unrelated organizations								3a(i)		110
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the								0.5		<u> </u>
	rt VI Land, Buildings, and Equipm		WITICITE IC	arius.							
	Complete if the organization answered		). Part IV.	line 11a. S	See Form 990	). Part X. li	ine 10.				
	Description of property	(a) Cost or of			or other		cumulate	а	(d) Boo	k valu	
	Besonption of property	basis (investr			(other)		reciation	~	( <b>u</b> ) 500	it valu	O
1a	Land	<del>-   ` ` </del>	<del>'  </del>		. ,	Is.					
	Buildings		+								
	Leasehold improvements		+								
			+	2	5,835.		12,63	31.	1	3.2	04.
	Equipment Other		+		2,584.		5,03				65.
	Other		X colum				5,0.				69.
ıota	ii. Add iilles Ta tillough Te. (Column (d) Must et	quai i Oiiii 330, Fail	A, COIUITII	ıı ( <i>D),</i> III le T	<i>oo.)</i>					<i>-</i> , <i>'</i>	<del>55.</del>

Foundation	for Government	ment			
Schedule D (Form 990) 2017 Accountabil	ity, Inc.		45-	-2637507	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	-of-year market \	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					-
(3) Other					-
(A)					-
(B)					
(C)					-
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.	<u> </u>				
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11c See Form 000	Part V line 13		
(a) Description of investment	(b) Book value		valuation: Cost or end	-of-vear market \	/alue
	(2) 20011 (2)	(6)			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		, line 11d. See Form 990,	Part X, line 15.	(In) Decelor	
	Description			<b>(b)</b> Book va	liue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forr	n 990, Part X, line 25.	<u>.                                    </u>	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Foundation for Government Accountability, Inc. Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,974,973. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities c Recoveries of prior year grants 2c 299,170. d Other (Describe in Part XIII.) 299,170. e Add lines 2a through 2d 6,675,803. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,206,751. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses  $\overline{299,170}$ d Other (Describe in Part XIII.) 299,170. e Add lines 2a through 2d 5,907,581. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 5,907,581. 5 Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part X, Line 2: Management has evaluated the Foundation's tax positions and concluded that the Foundation's financial statements do not include any uncertain tax positions. Part XI, Line 2d - Other Adjustments: Cost sharing reimbursements 299,170.

Schedule D (Form 990) 2017

299,170.

Part XII, Line 2d - Other Adjustments:

Cost sharing reimbursements

# Foundation for Government 45-2637507 Page 5 Accountability, Inc. Schedule D (Form 990) 2017 Accountabi Part XIII Supplemental Information (continued)

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Foundation for Government Name of the organization **Employer identification number** Accountability, Inc. 45-2637507 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Donors Trust 1800 Diagonal Road Suite 280 Alexandria, VA 22314 52-2166327 501(c)(3) 0.N/A N/A Welfare reform 160,000. Safe Families for Children 4300 W. Irving Park Road Chicago, IL 60641 45-3194102 501(c)(3) N/A 20,000. 0.N/A Safe families Pioneer Institute for Public Policy Research - 185 Devonshire Street Suite 1101 - Boston, MA 02110 22-2632081 501(c)(3) 10,000. 0.N/A N/A Healthcare reform 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Accountability, Inc. 45-2637507 Schedule I (Form 990) (2017) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (d) Amount of non-(f) Description of noncash assistance cash grant cash assistance recipients Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part I, Line 2: Regular contact with staff to discuss strategy and progress.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

Foundation for Government Accountability, Inc.

**Questions Regarding Compensation** 

Employer identification number 45-2637507

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
	Receive a severance payment or change-of-control payment?	4a 4b		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Tarren Bragdon	(i)	197,628.	7,752.	0.	6,913.	0.	212,293.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jonathan Bechtle	(i)	162,519.	7,344.	0.	5,788.	0.	175,651.	0.
COO & General Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Chad Goote	(i)	173,942.	39,910.	0.	6,537.	0.	220,389.	0.
VP of Advancement	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Joshua Archambault	(i)	143,461.	8,160.	0.	4,877.	0.	156,498.	0.
Senior Fellow	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Christie Herrera	(i)	146,729.	8,160.	0.	5,220.	0.	160,109.	0.
VP of State Affairs & Poli	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Jonathan Ingram	(i)	146,731.	18,160.	0.	5,412.	0.	170,303.	0.
VP of Research	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Foundation for Government Accountability, Inc.

**Employer identification number** 45-2637507

Form 990, Part I, Line 1, Description of Organization Mission:

individual freedom, and limited constitutional government.

Form 990, Part III, Line 4d, Other Program Services:

All other program services to further accomplish the Organization's exempt purpose.

Expenses \$ 1,198,918. including grants of \$ 21,000. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Each member of the governing body receives a copy of the Form 990 for review prior to its filing.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is enforced by each officer and director annually completing a conflict of interest disclosure statement which is retained in the confidential files of the Foundation.

Form 990, Part VI, Section B, Line 15a:

A committee of the Board meets at the start of each fiscal year to review a salary survey of similar positions and similar sized organizations within the industry in determining the CEO salary.

Form 990, Part VI, Section C, Line 19:

All Foundation documents and financial record are maintained at the corporate office. Forms 1023 and 990 are available for public inspection upon request.

Schedule O (Form 990 or 990-EZ) (2017)  Name of the organization Foundation for Government	Page 2  Employer identification number
Accountability, Inc.	45-2637507
Form 990, Part IX, Line 11g, Other Fees:	
Other professional fees:	
Program service expenses	261,468.
Management and general expenses	18,258.
Fundraising expenses	2,333.
Total expenses	282,059.
Professional Fees - Polling:	
Program service expenses	34,538.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	34,538.
Research:	
Program service expenses	213,864.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	213,864.
Production - Movies:	
Program service expenses	133,881.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	133,881.
Professional Fees - Design & Publication:	
Program service expenses	62,428.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017

Name of the organization Foundation for Government Accountability, Inc.	Employer identification number 45-2637507
Management and general expenses	0.
Fundraising expenses	3,762.
Total expenses	66,190.
Contractors - Other:	
Program service expenses	9,500.
Management and general expenses	4,626.
Fundraising expenses	0.
Total expenses	14,126.
Total Other Fees on Form 990, Part IX, line 11g, Col A	744,658.

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

# filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.	•	,		
				Enter file	er's identifying nur	nber	
Type or	Name of exempt organization or other filer, see instru	Employer	identification num	ber (EIN) or			
print							
File by the	Accountability, Inc.				45-2637507		
due date for	e for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
return. See	15275 Collier Blvd. Suite						
instructions	ns. City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Naples, FL 34119						
Enter the	e Return Code for the return that this application is for (fil	le a separa	ate application for each return)			0 1	
Application			Application			Return	
Is For		Code	Is For		Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A		08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above) 06 Fe			Form 8870			12	
Telep  If the	ooks are in the care of ► 804 Meeting Statement No. ► (269) 544-0322 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No.   inted States, check this box	this is for	r the whole group, o	check this	
	I request an automatic 6-month extension of time until November 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:						
<b>&gt;</b>	➤ X calendar year 2017 or       , and ending         Lax year beginning       , and ending         If the tax year entered in line 1 is for less than 12 months, check reason:       Initial return         Change in accounting period						
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any				
no	nrefundable credits. See instructions.			3a	\$	0.	
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and				
es <sup>-</sup>	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if require							
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution	If you are going to make an electronic funds withdrawal	l (direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)